

Report Year:

2010

10684

Colorado River Medical Center

Needles

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**Provide the Hospital Owner and Year of Report per Section 130061(e)**

Facility Number:

10684

Facility Name:

Colorado River Medical Center

Address:

1401 Bailey Avenue

City:

Needles

Hospital Owner/Licensee:

City of Needles

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Mike Andrews

Submission Date:

1/17/2011 10:17:29 AM

Report Year:

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#), for retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital, Wing A	1401 Bailey Avenue	Retrofit	SPC5	01/01/2013	12/31/2012
02	Main Hospital, Wing B	1401 Bailey Avenue	Retrofit	SPC5	01/01/2013	12/31/2012
03	Main Hospital, Wing C	1401 Bailey Avenue	Retrofit	SPC5	01/01/2013	12/31/2012

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Report Status: **Data Last Update:** 01/17/2011

**Submission Date:** 01/17/2011

**Print Date:** 1/18/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 01

Building Name: Main Hospital, Wing A

**Type of Service Provided**
☒ Nursing Inpatient Beds 25 Inpatient Days 9125

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric  
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate  
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 25

☐ Surgical☐ Obstetrical  
Recovery☐ Anesthesia☐ Newborn/  
WellBaby☐ Clinical Lab☐ Emergency☐ Radiological/  
Imaging☐ Nuclear  
Medicine☐ Pharmaceutical☐ Dietetic☐ Rehabilitation  
Therapy☐ Administration☐ Renal Dialysis☐ Support  
Services☐ Outpatient  
Surgery☐ Obstetrical  
Cesarean/Deliv☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Main Hospital, Wing B

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric  
Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical  
Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate  
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical  
Recovery

☐ Anesthesia

☐ Newborn/  
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/  
Imaging

☐ Nuclear  
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation  
Therapy

☒ Administration

☐ Renal Dialysis

☒ Support  
Services

☐ Outpatient  
Surgery

☐ Obstetrical  
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: Main Hospital, Wing C

**Type of Service Provided**
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol  
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☒ Surgical☐ Obstetrical Recovery☒ Anesthesia☐ Newborn/WellBaby☒ Clinical Lab☒ Emergency☒ Radiological/  
Imaging☐ Nuclear Medicine☒ Pharmaceutical☐ Rehabilitation Therapy☒ Dietetic☐ Renal Dialysis☒ Administration☒ Outpatient Surgery☒ Support Services☐ Obstetrical  
Cesarean/Deliv☒ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

01

Building Name:

Main Hospital, Wing A

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

25

**Total Beds this Building Per Service**

25

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 02

Building Name: Main Hospital, Wing B

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**



Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: Main Hospital, Wing C

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital, Wing A	<input type="checkbox"/>
02	Main Hospital, Wing B	<input type="checkbox"/>
03	Main Hospital, Wing C	<input type="checkbox"/>

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Report Status: **Data Last Update:** 01/17/2011

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Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

01

Building Name:

Main Hospital, Wing A

## Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☐Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Main Hospital, Wing B

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/  
Imaging☐

Pharmaceutical

☐

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☐

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☐Outpatient  
Surgery☐

Central Plant

☒Support  
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

Main Hospital, Wing C

### Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol  
escent☐Psychiatric  
Nursing☐Obstetrical  
Ante/Postprtum☐Intermediate  
Care☐

Skilled Nursing

☒

Surgical

☒

Anesthesia

☒

Clinical Lab

☒Radiological/  
Imaging☒

Pharmaceutical

☒

Dietetic

☒

Administration

☐Obstetrical  
Cesarean/Deliv☐Obstetrical  
Recovery☐Newborn/  
WellBaby☒

Emergency

☐Nuclear  
Medicine☐Rehabilitation  
Therapy☐

Renal Dialysis

☒Outpatient  
Surgery☒

Central Plant

☒Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

01

Building Name:

Main Hospital, Wing A

Configuration  
:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

**Type of Service Provided**☒

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postprtum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support  
Services☐Intermediate  
Care☐

Dietetic

☐

Nuclear Medicine

☐Support  
Services☐

Skilled Nursing

☐

Administration

☐

Nuclear Medicine

☐Support  
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Main Hospital, Wing B

Configuration  
:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☐

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☐

Clinical Lab

☐Newborn/  
WellBaby☐Outpatient  
Surgery☐Psychiatric  
Nursing☐Radiological/  
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical  
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☐

Dietetic

☒

Administration

☐

Skilled Nursing



Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

Main Hospital, Wing C

Configuration

:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

**Type of Service Provided**☐

Nursing

☒

Surgical

☐Obstetrical  
Cesarean/Deliv☐Rehabilitation  
Therapy☐

IntensiveCare

☒

Anesthesia

☐Obstetrical  
Recovery☐

Renal Dialysis

☐Pediatric/Adol  
escent☒

Clinical Lab

☐Newborn/  
WellBaby☒Outpatient  
Surgery☐Psychiatric  
Nursing☒Radiological/  
Imaging☐

Emergency

☒

Central Plant

☐Obstetrical  
Ante/Postpartum☒

Pharmaceutical

☒

Nuclear Medicine

☒Support  
Services☐Intermediate  
Care☒

Dietetic

☐

Administration

☒☐

Skilled Nursing

☒